



Brookfield Parks & Recreation presents...

The 23rd Annual Brookfield Family Chiropractic 5K Halloween Run

Date: Sunday, October 26, 2014

Time: 5 K Race begins at 10:00 a.m. Race Day Registration 8:30 to 9:45 a.m.

Place: Brookfield Municipal Center, 100 Pocono Road

Pre-registration fee: \$20.00 (received by 10/24) Race Day Registration: \$25.00

Race features long-sleeve T's to first 350 registered, prizes to top runners in eight age groups, cash prizes to top three overall male & female, water station, splits at mile marks, prizes for best costumes, post race raffle, and excellent post race refreshments. USATF certified #CT06013JHP. Walkers welcome! For more information visit our race website:
http://www.brookfieldct.gov/Pages/BrookfieldCT_Parks/halloween

Kids K Fun Run

Date: Sunday, October 26, 2014

Time: Kids K begins at 9:30 a.m. SHARP!

Place: Brookfield Municipal Center, 100 Pocono Road

Pre-registration Fee: \$10.00 (Includes prize and t-shirt)

No Race Day Registrations for KIDS K!

Kids K Age Groups: 5 and Under, 6 – 8, 9 - 12

Make checks payable to "Town of Brookfield" and return form to:

**Brookfield Parks & Recreation
P.O. Box 5106 Brookfield, CT 06804**

Entry Form: (Detach and Return)

EVENT: (circle one) 5K Run 5K Walk Kids K Fun Run - (Children's Shirt S M L XL)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ ADULT SHIRT SIZE: M L XL (5K Run or Walk only) GENDER: M _____ F _____

EMAIL: _____ DATE OF BIRTH: ____/____/____ AGE RACE DAY: _____

Have you competed in the other 3 races as part of the Four Seasons Challenge Series*? ____ YES ____ NO
(*New Year's Day 1/1/14, Mother's Day 5/11/14, Strides to Cure Diabetes 6/8/14)

WAIVER: I hereby certify that I have sufficiently trained for this event. In signing this form I understand that I agree to absolve and hold harmless the Town of Brookfield, Parks and Recreation Department, and all sponsors, be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm, loss or inconvenience suffered in any of the activities associated with said event.

Signature of Participant (Parent/Guardian if under 18)

Date